

**METRO PARKS ATHLETICS  
ADULT SPORTS ROSTER SHEET**

**P.O. BOX 37280  
LOUISVILLE, KY. 40233**

**PHONE: (502)456-8173  
FAX: (502)456-8168**

**ATHLETICS CONTRACT  
(COACH PLEASE FILL OUT COMPLETELY)**

We, the undersigned, do hereby agree to play with the team named below until properly released. We agree upon our honor to abide by the rules governing this league. In consideration of my participation, I do hereby, for heirs, my executors, administrators, and myself waive, release, and forever discharge any and all rights and claims for damages which I may hereafter accrue to me against the sponsors of this activity, Louisville Metro Parks and Recreation Department. **The Louisville Metro Parks and Recreation Department, the Newburg Softball Association** or their respective officers, agents, representatives, successors, and/or assign for any and all damages which may be sustained by me in connection with said association and/or arising by traveling to, participation in and return from said activity. The undersigned understands and agrees that participation is entered at his/her own risk in all respect.

**Photo Release Information**

The Louisville/Jefferson County Metro Parks & Recreation Department documents recreation programs for promotional use year round. Photographs and videotape may be taken to be used in brochures, seasonal program guides, public event displays, department program videos, web site, or other uses. By placing your signature on this form the Louisville/Jefferson County Metro Parks & Recreation Department has your permission to photograph or videotape your child or yourself while participating in various activities.

**The Athletics Office will eliminate any players over the first (20) twenty listed.**

**Must be the original contract NO FAXES ACCEPTED.**

**TEAM NAME:** \_\_\_\_\_

**LEAGUE:** \_\_\_\_\_

**COACH NAME;** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**DAY PHONE:** \_\_\_\_\_ **NIGHT PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**ADDING OR DELETING PLAYERS SEE LEAGUE RULES FOR  
DETAILS. NO FAX COPIES ACCEPTED! ORIGINALS ONLY!**

**RULES AND COACHING AGREEMENT**

**I HAVE READ THE LOUISVILLE METRO PARKS ATHLETICS DEPARTMENT RULES/GUIDELINES AND FULLY UNDERSTAND THE RULES, AND AGREE TO COACH ACCORDING TO THE RULES AND DO HEREBY CERTIFY THE FOLLOWING PLAYERS HAVE SIGNED THEIR OWN NAME IN THEIR OWN HANDWRITING AND ARE IN ALL WAYS ELIGIBLE TO COMPETE IN THE METRO PARKS ATHLETICS DEPARTMENT LEAGUES.**

**COACH'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

